Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
AND I DAY OF CONTROL OF THE PROPERTY OF THE PR		A. BUILDING:		COMPL	-160	
		005008	B. WING		07/0	9/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ST CATHERINE HOSPITAL INC 4321 FIR ST EAST CHIC			T CAGO, IN 4631	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS	i	S 000			
	This survey was for the complaint.	he investigation of one State				
	Complaint Number: I Substantiated: Defici allegations.	IN00160250 iency cited related to the				
	Date: 07/09/2015					
	Facility number: 0050	008				
	QA: cjl 07/30/15					
S1326	410 IAC 15-1.5-10 UT DISCHARGE PLANN	TILIZATION REVIEW & IING	S1326			
	410 IAC 15-1.5-10 (e))(4)				
	(e) To facilitate discharan acute level of care required, the hospital effective, ongoing distribute:	e is no longer shall have				
	(4) utilizes available of hospital resources to appropriate referrals of available social, psycheducational services to of the patient.	provide or make chological, and				
	facility failed to notify patient's discharge to	et as evidenced by: review and interview, the community resources of a potentially unsafe home been requested by the				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLI	ETED	
005008		B. WING		07/0	9/2015	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
		4321 FIR S				
ST CATHE	RINE HOSPITAL INC	EAST CHI	CAGO, IN 4631	12		
(X4) ID	CUMMARY OTATEMENT OF REFIGIENCIES			PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		COMPLETE DATE
S1326	Continued From page	: 1	S1326			
	community agency, for #1) of six medical rec	or follow-up for one (patient ords reviewed.				
	Findings:					
	CM 1.00 last reviewed Discharge Planning 7.2: Discharge planning 7.2: Discharge plimited to liaison with care unit, extended can durable medical equipolar community resources 7.6: Discharge pon the comprehensive assessment of the prefunction, functional stand psychological con 8.0 Documentation 8.2 The case madocuments assessment documents documen	and referral to transitional are facility, home health, oment supplies and other . Illianning needs will be based a evaluation and evention, physiological atus, sociological, physical mfort of the patient. In anagement associates ents, evaluations, plans,				
	management issues i record.	cussions relating to case in the patient's medical ion is consistent and				
	concurrent, with all as problem identification	ssessments, evaluations, s, interventions, evaluations s, addressed in patient				
	11/20/2014, at 1117 h had talked to the fami had issues with the di B. Physician #1's later amended on 11/s talking to the dialysis specialist who indicate	initial history and physical, ours indicated that he/she ly, and family member #1				

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STATE FORM RPE211 If continuation sheet 2 of 4

Indiana State Department of Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4321 FIR ST EAST CATHERINE HOSPITAL INC SUMMARY STATEMENT OF DEFICIENCIES TAG HOEROGENCY MUST BE PRECEDED BY FULL TAG CAU IID PREEIX TAG COntinued From page 2 dirty and the patient is usually hungry upon arrival. This was being evaluated by Adult Protective Services (APS), a community agency outside of the hospital, and at that time APS was indicating that the patients home is not safe for patient to go back to, so this is going to weigh in on patient's care in the hospital and discharge planning. The note also indicated that at this time, we will have to have the patient go to acute rehabilitation or a nursing home since patient's home was not safe to go back into. C. Physician #2, psychiatrist, note on 11/20/2014 indicated patient is competent. D. Staff member #5, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #5, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #5, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #5, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #5, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #5, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #5, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #5, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #5, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #5, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #6, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #6, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #6, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #6, social services in the service in the	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER ST CATHERINE HOSPITAL INC 4321 FIR ST EAST CHICAGO, IN 46312 (X4) ID PREFIX (EACH DEFICIENCY) SUMMARY STATEMENT OF DEFICIENCIES (CA) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S1326 Continued From page 2 dirty and the patient is usually hungry upon arrival. This was being evaluated by Adult Protective Services (APS), a community agency outside of the hospital, and at that time APS was indicating that the patient's home is not safe for patient to go back to, so this is going to weigh in on patient's care in the hospital and discharge planning. The note also indicated that at this time, we will have to have the patient go to acute rehabilitation or a nursing home since patient's home was not safe to go back into. C. Physician #2, psychiatrist, note on 11/20/2014 indicated patient is competent. D. Staff member #5, social services, note of 11/21/2014 indicated patient is competent. D. Staff member #5, social services, note of 11/21/2014 indicated that APS was contacted and was told: there was an open case with patient #1 since 10/2014. The dialysis clinic has had concerns that the patient arrives dirty, smelling of urine, and an APS investigator was told by neighbors that patient is left alone, is outside naked at times and begging for food. No one answers the door, the windows are taped over.					7. Bolebino.			
ST CATHERINE HOSPITAL INC (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S1326 Continued From page 2 dirty and the patient is usually hungry upon arrival. This was being evaluated by Adult Protective Services (APS), a community agency outside of the hospital, and at that time APS was indicating that the patient's home is not safe for patient to go back to, so this is going to weigh in on patient's care in the hospital and discharge planning. The note also indicated that at this time, we will have to have the patient's home was not safe to go back into. C. Physician #2, psychiatrist, note on 11/20/2014 indicated patient is competent. D. Staff member #5, social services, note of 11/21/2014 indicated that APS was contacted and was told: there was an open case with patient #1 since 10/2014. The dialysis clinic has had concerns that the patient is left alone, is outside naked at times and begging for food. No one answers the door, the windows are taped over.	005008			B. WING	B. WING			
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	(X4) ID	SUMMARY ST		,	PROVIDER'S PLAN OF	CORRECTION	(X5)	
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APS also indicated the building department and the health department had been contacted to investigate the deplorable conditions. No one in family wanted patient to go to a long term care facility, since they would lose his/her disability checks. APS asked the facility social services department to notify them when patient discharged. E. Record lacked documentation of APS notification prior to patient discharge. 3. During an interview on 7/9/2015 at 1300 hours, staff members #4, 5 and 6 (social work) indicated that they remembered patient #1 and that he/she was discharged to home due to the patient not having been found incompetent, and patient wanting to go home. Staff member #4		dirty and the patient is arrival. This was bein Protective Services (and outside of the hospital indicating that the patient to go back to, on patient to go back to, on patient's care in the planning. The note at time, we will have to be rehabilitation or a nurhome was not safe to C. Physician #2 11/20/2014 indicated D. Staff member 11/21/2014 indicated was told: there was a since 10/2014. The concerns that the paturine, and an APS investigate the deploisance of the patient investigate the deploisance of the patient facility, since they wo checks. APS asked to department to notify the discharged. E. Record lacke notification prior to patient he/she was dischipatient not having being the patient not having the patient not having the patient not having the pati	s usually hungry upon g evaluated by Adult APS), a community agency al, and at that time APS was tient's home is not safe for so this is going to weigh in the hospital and discharge also indicated that at this have the patient go to acute sing home since patient's a go back into. If psychiatrist, note on patient is competent. If #5, social services, note of that APS was contacted and nopen case with patient #1 dialysis clinic has had itent arrives dirty, smelling of vestigator was told by the is left alone, is outside egging for food. No one enter windows are taped over. The building department and that been contacted to rable conditions. No one in the goto a long term care all lose his/her disability the facility social services hem when patient documentation of APS attent discharge. We on 7/9/2015 at 1300 #4, 5 and 6 (social work) membered patient #1 and harged to home due to the en found incompetent, and					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COMI		SURVEY LETED			
005008			B. WING	B. WING			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE O7/09/2015							
ST CATHERINE HOSPITAL INC 4321 FIR ST EAST CHICAGO, IN 46312							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
\$1326	contact APS when thi	s patient was discharged. ce that this was done.	\$1326				

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